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Examiner Name	N/A														
Attorney Docket No.	See Schedule A														

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OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number		
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I am the:	
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____	

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Douglas F Flood</i>	Date	<i>22 May 2012</i>
Name	<i>Douglas F Flood</i>	Telephone	<i>781-302-4192</i>
Title and Company	<i>Vice President LoJack Corporation</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of	2	forms are submitted
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